

6. The Mystical Model: Schizophrenic Symptoms as a Natural Extension of Consciousness

Introduction

The mystical model for explaining the symptoms of schizophrenia had a surge of popularity two to three decades ago.¹ This occurred at a time when political activists and protest movements were busy in a wide-ranging challenge to much of the established social policy in western democracies. As with many of the other targets of this revolutionary period confidence has since been restored in the conservative psychiatric assumptions inherent in the medical model. However, these assumptions now have to coexist with a residue of opinion that remains convinced there are better ways of understanding schizophrenic deviations in thought and belief than the explanations provided by the limited epistemology of medical science.²

The mystical/religious model actually has long antecedents. It is the pre-scientific, traditional way of understanding unusual psychological phenomena. In earlier historical times European cultures interpreted abnormal mental activity featuring visions, the hearing of voices and bizarre beliefs almost invariably from the perspective of religious knowledge.³ From this perspective a person reporting communications with a deity, or with angels, might have undergone a culturally desirable experience which could indicate the bestowal of some kind of blessing. In this way a person's reputation and social standing could be enhanced by a claim of inner voices and many religious leaders, prophets and founders of religious movements are recorded as having reported them.⁴

But at the same time this traditional religious perspective could also view inner voices negatively when they appeared to prompt the hearer into sacrilege or blasphemy. When this happened the voices were likely to be interpreted as representing the devil or evil spirits, and this might lead to a judgement that the hearer was cursed rather than blessed, and was perhaps even a heretic.⁵ For these voices to be recognised as madness, in this religious context, a person would usually be required to also manifest the further symptom of irrational and dangerous behaviour.⁶

¹ See for example, R. D. Laing, *The Politics of Experience and The Bird of Paradise*, Penguin, Harmondsworth, 1967.

² See for example, Seth Farber, *Madness, Heresy, and the Rumor of Angels*, Open Court, Chicago, 1993.

³ George Rosen, *Madness in Society*, University of Chicago Press, Chicago, 1969.

⁴ *Ibid.*, pp. 21-70.

⁵ Simon Kemp, 'Ravished of a Fiend: Demonology and Medieval Madness', in Collen A Ward, ed., *Altered States of Consciousness and Mental Health*, Sage, Newbury Park, 1989, pp. 67-78.

⁶ Rosen, *op.cit.*, pp. 154-158.

For modern people, the interpretation of schizophrenic symptoms as being manifestations of mystical experience is obviously problematic. This problem manifests for both those who want to protect the reputation of mysticism from association with mental illness⁷ as well as for subscribers to the medical model of schizophrenia.⁸ Science has displaced religion as the established epistemological authority and has devised the medical model to explain the phenomena it calls schizophrenia. This situation gives rise to an obvious question: Are there justifiable grounds then for giving serious consideration to a model that has already been superseded by a scientific hypothesis, even if that hypothesis is controversial and has numerous anomalies? If the medical model is inadequate would it be better to turn to another branch of science, to physics perhaps for an energy field theory,⁹ rather than revert to the less sophisticated beliefs of the pre-scientific era?

This may well be the way of the future but as things stand the mystical model still has at least one compelling claim for attention, even in the context of the scientific age. This claim is that schizophrenia is essentially a 'religious' experience in that the abnormal thoughts and beliefs that mark the condition are largely concerned with mystical or religious issues.¹⁰ Most schizophrenics report that they have been in communication with God or some higher being and/or that they have been given some kind of special messianic mission to fulfil.¹¹

This observation begs a further obvious question as to whether all mystical/religious experience should be viewed as an indicator of mental illness¹² regardless of its level of conformity with accepted religious practices. Neither the DSM-IV nor the ICD-10 supply any differential diagnostic guidelines to distinguish mystical/religious experience from schizophrenia¹³ and it is difficult to avoid the assumption that a person who reported to a psychiatrist what he/she believed was a mystical experience, would very likely incur a diagnosis of schizophrenia.¹⁴

Mystical experience has been traditionally associated with a number of beneficial aspects of human experience like spiritual guidance, the discovery/uncovery of religious knowledge, communion with a deity, healing, the arts and prophecy.¹⁵ The symptoms of schizophrenia, on the other hand, are

⁷ Kenneth Wapnick, 'Mysticism and Schizophrenia', in Richard Woods, ed., Understanding Mysticism, The Athlone Press, London, 1981, pp. 321-337.

⁸ D. A. Sternberg, 'Schizophrenia', in A. James Giannini, The Biological Foundations of Clinical Psychiatry, Medical Examination Publishing Company, New York, 1986, pp. 147-164.

⁹ John C. Pierrakos, 'Psychiatric Implications of Energy Fields in Man and Nature', in Stanley R. Dean, ed., Psychiatry and Mysticism, Nelson Hall, Chicago, 1975, pp. 145-151.

¹⁰ See for example, John Weir Perry, The Far Side of Madness, Prentice-Hall, Englewood Cliffs, 1974.

¹¹ Ibid., pp. 63-79.

¹² K. W. M. Fulford, 'Religion and Psychiatry: Extending the limits of tolerance', in Dinesh Bhugra, ed., Psychiatry and Religion: Context, Consensus and Controversies, Routledge, London, 1996, pp. 5-6.

¹³ For a proposal to add this differential diagnosis to the DSM see, David Lukoff, 'The diagnosis of mystical experiences with psychotic features', Journal of Transpersonal Psychology, Vol. 17, No. 2, 1985, pp. 155-182.

¹⁴ M. Goldwert, 'The Messiah-Complex in Schizophrenia', Psychological Reports, Vol. 73, No. 1, 1993, pp. 331-335.

¹⁵ Christopher Bamford, 'Culture of the heart', Parabola, Vol. 20, No. 4, Winter 1995, pp. 56-63.

interpreted by modern medical scientists as indicators of pathology. The mystical model for schizophrenia therefore, in so much as it challenges the medical model, tends to imply indirectly that science, through the agency of psychiatry, is actively discouraging the extension of human experience into an area which science itself might find difficulty in accessing.¹⁶

Nevertheless, even if a convincing argument can be mounted that the symptoms of schizophrenia are indeed indicators of mystical experience, and that science therefore is actively discouraging mysticism by aborting the experience through psychiatric treatment of schizophrenics, there might still be good reasons for science to perform this social control function. People who come in contact with psychiatry, and who are subsequently diagnosed with schizophrenia, usually do so because they are undergoing acute psychological distress, and/or they are causing distress to others.¹⁷ If there is any validity in the mystical interpretation of schizophrenic symptoms then it is probably fair to say at the outset that most of the people diagnosed and treated for schizophrenia demonstrate a low level of competency in handling mystical experience.¹⁸

Viewed from this perspective perhaps a useful analogy for reviewing the mystical model might be that “our schizophrenic patient is actually experiencing inadvertently that same beatific ocean deep which the yogi and saint are ever striving to enjoy: except that, whereas they are swimming in it, he is drowning”.¹⁹ Drowners and swimmers might be both in the same water, and experience many of the same sensations, and their splashing might look the same to an untrained observer, but what is pleasurable exercise to one, could be a life or death struggle for the other. Pursuing this analogy a little further, perhaps modern psychiatric practice could be viewed as a zealous life-guard who does not distinguish between drowning and swimming and simply hauls everybody out of the water whose splashing attracts attention.

This chapter will first discuss the meaning of mysticism in order to provide a context in which to evaluate the claim that schizophrenic symptoms are manifestations of mystical experience. This will be followed by a review of the arguments that have been made by some of the major proponents of the mystical model.

¹⁶ David Bradshaw, ‘The best of companions: J. W. N. Sullivan, Aldous Huxley, and the New Physics’, The Review of English Studies, Vol. 47, No. 187, 1996, pp. 352-369.

¹⁷ P. S. Gopinath and S. K. Chaturvedi, ‘Distressing Behaviour of Schizophrenics At Home’, Acta Psychiatrica Scandinavica, Vol. 86, No. 3, 1992, pp. 185-193.

¹⁸ Wapnick, op.cit., pp. 321-337.

¹⁹ Joseph Campbell, ‘Schizophrenia — the Inward Journey’, in Myths to Live By, Viking Press, New York, 1972, p. 219-220.

Background to the Mystical Tradition

Definitions of mysticism, and descriptions of mystical experience, range widely through literature. The more reliable academic sources believe that the word itself “has its origin in the Greek mysteries” and that “mystery (mysterium) comes from the Greek verb *muo*, to shut or close the lips or eyes”.²⁰ In this original sense a mystic was a person who had been “initiated into the esoteric knowledge of Divine things, and upon whom was laid the necessity of keeping silence concerning his secret knowledge”.²¹ The priests of the ancient mystery religions however lost control of the term when philosophers began to use it to describe aspects of their own speculations. From the Greek philosophers it was passed on to “the Christian Church, which held itself to be a body of initiates into a truth not possessed by mankind at large”.²²

Modern usage of terms associated with the words ‘mystic’, ‘mystical’ and ‘mysticism’ ranges far beyond the ancient applications to pagan and Christian ritual.²³ Most of the major religions of both east and west have highly developed aspects, and recognised practices, that can be understood by the modern usage of the terms.²⁴ On top of this there are also anthropological observations which focus on traditional tribal practices, like shamanism, for which the terms can also be adapted.²⁵

Mysticism in the modern sense refers to a psychological experience involving a conscious transcendence of the normal self identity.²⁶ The person who undergoes such an experience usually forms the belief that he or she has entered into a higher state of consciousness,²⁷ has made contact with a deity,²⁸ or has entered into some form of communion with the object of devotion pertaining to the particular religious or philosophical tradition to which the mystic belongs.²⁹

There is a tendency amongst some religiously-inclined academic analysts to divide mystical experience into different types, according to the category of religious/philosophical tradition to which the mystic is allied.³⁰ In this way it is sometimes argued that monistic, theistic and nature mysticism, for instance, have qualitative differences.³¹

²⁰ F. C. Happold, *Mysticism*, Penguin, Harmondsworth, 1963, p. 18.

²¹ Margaret Smith, ‘The Nature and Meaning of Mysticism’, in Woods, *op.cit.*, p. 19.

²² *Ibid.*, p. 19.

²³ Harold G. Coward, ‘Levels of Language in Mystical Experience’, in Harold Coward and Terence Penelhum, eds., *Mystics and Scholars*, Wilfrid Laurier University Press, Waterloo, Ont., 1977, pp. 93-107.

²⁴ Terence Penelhum, ‘Unity and Diversity in the Interpretation of Mysticism’, in Coward and Penelhum, *Ibid.*, pp. 71-82.

²⁵ Joseph Epes Brown, ‘The Question of “Mysticism” Within Native American Traditions’, in Coward and Penelhum, *ibid.*, pp. 109-118.

²⁶ William Ernest Hocking, ‘The Meaning of Mysticism as Seen Through Its Psychology’, in Woods, *op.cit.*, pp. 223-239.

²⁷ Arthur J. Diekman, ‘Deautomatization and the Mystic Experience’, in Woods, *op.cit.*, pp. 240-269.

²⁸ Julian of Norwich, ‘Revelations of Divine Love,’ reproduced in Happold, *op.cit.*, pp. 322-332.

²⁹ Philip C. Almond, *Mystical Experience and Religious Doctrine*, Mouton, New York, 1982.

³⁰ Ninian Smart, ‘Interpretation and Mystical Experience’, in Woods, *op.cit.*, pp. 78-91.

³¹ R. C. Zaehner, ‘Mysticism Sacred and Profane’, in Woods, *op.cit.*, pp. 56-77.

One leading academic theorist has divided mysticism into two broad types, extroversive and introversive: “The extroversive way looks outward and through the physical senses into the external world and finds the One there. The introversive way turns inward, introspectively, and finds the One at the bottom of the self, at the bottom of the human personality.”³² The language of mysticism is often difficult, ineffability being one of the characteristics of the experience, and ‘the One’ is usually interchangeable with ‘the Absolute’, ‘God’, ‘nirvana’ or some other transcendental objective.³³

There is hardly any soil, be it ever so barren, where Mysticism will not strike root; hardly any creed, however formal, round which it will not twine itself. It is, indeed, the eternal cry of the human soul for rest; the insatiable longing of a being wherein infinite ideals are fettered and cramped by a miserable actuality; and so long as man is less than an angel and more than a beast, this cry will not for a moment fail to make itself heard. Wonderfully uniform, too, whether it come from the Brahman sage, the Persian poet, or the Christian quietist, it is in essence an enunciation more or less clear, more or less eloquent, of the aspiration of the soul to cease altogether from self and to be at one with God.³⁴

The general consensus seems to agree that, providing psychological phenomena fit into certain broad principles, the appellation of mystical experience can be applied, and all mystical experience has validity, regardless of the particular path by which it was approached.³⁵ The exception to this general rule is that the mystical validity of drug-induced experience is sometimes disputed.³⁶

Essentially, a mystical experience involves an altered state of consciousness.³⁷ A metaphor which repeatedly appears in descriptions is of a house or structure with many rooms in which human consciousness abides. Normally these rooms have to be explored in the dark but when a person consciously enters a certain room, usually in the highest part of the house, a bright light is switched on which variously blinds, confuses or inspires a person with the inner scene that is revealed.³⁸

³²Walter T. Stace, *The Teachings of the Mystics*, Mentor, New York, 1960, pp. 15-23.

³³ Evelyn Underhill, ‘The Essentials of Mysticism’, in Woods, *op.cit.*, p. 31.

³⁴ E. G. Brown, ‘A Year Among the Persians’, quoted in Smith, *op.cit.*, p. 20.

³⁵ Louis Bouyer, ‘Mysticism/An Essay on the History of the Word’, in Woods, *op.cit.*, pp. 42-55.

³⁶ Frits Staal, ‘Superstructures’, in Woods, *op.cit.*, p. 92. For a discussion on the evolution of the art of prophecy in ancient Israel beyond trances induced by “music, dancing or intoxicating drinks” see, Rosen, *op.cit.*, pp. 53-54.

³⁷ Robert E. Ornstein, *The Psychology of Consciousness*, W. H. Freeman, San Francisco, 1972, pp. 135-140.

³⁸ John Ruysbroeck, ‘The Active, Inward and Superessential Lives’, reproduced in Happold, *op.cit.*, pp. 280-293.

Plato's simile of the cave is one of the clearest descriptions of this idea. In The Republic he has Socrates describe the normal human condition as being one in which most people live out their lives chained up at the bottom of a dark cave. The reality perceived by the inhabitants of the cave is limited to a view of distorted shadows projected on the opposite wall of the cave, which the prisoners habitually misinterpret. The exceptional person who escapes this bondage, and who climbs out of the cave, is at first dazzled by the sunlight but eventually learns to view a different, properly illuminated reality.³⁹

.... connect the ascent into the upper world and the sight of the objects there with the upward progress of the mind into the intelligible region. the final thing to be perceived in the intelligible region, and perceived only with difficulty, is the form of the good; once seen it is inferred to be responsible for whatever is right and valuable in anything, producing in the visible region light and the source of light, and being in the intelligible region itself controlling source of truth and intelligence.⁴⁰

Plato also makes a point of discussing the difficulties to be encountered by a person who returns to the cave after a sojourn in the light. Such a person has to learn once again to live in the dark and to successfully compete with other people at the bottom of the cave in an elaborate game of misinterpreting reality.

Nor will you think it strange that anyone who descends from contemplation of the divine to human life and its ills should blunder and make a fool of himself, if, while still blinded and unaccustomed to the surrounding darkness, he's forcibly put on trial in the law-courts or elsewhere about the shadows of justice or the figures of which they are shadows, and made to dispute about the notions of them held by men who have never seen justice itself.⁴¹

People who describe the mystical experiences they have undergone divide most readily into two types: those who were trained for the experience and those who were not.⁴² Training methods vary as widely as the mystical traditions that teach them, and are as various as the names of the final goal: "in all the great spiritual traditions is a relatively rare but universal and liberating experience either of self-oblivion or nirvana as in Buddhism or of a special relationship with the Deity, whether this remain unnamed or named as God, the Absolute, the Ultimate Reality, the All-Holy and Almighty, Cosmic Reality, the Ground of Being, the Transcendent or the One".⁴³

³⁹ Plato, The Republic, Desmond Lee, trans., Penguin, London, 1955, pp. 316-325.

⁴⁰ Ibid., pp. 320-321.

⁴¹ Ibid., p. 321.

⁴² Sandra Stahlman, Defining Mysticism, 1992, accessed July 1997, Available URL, http://www.well.com/user/elliots/smse_deikman.html

⁴³ Walter H. Principe, 'Mysticism: Its Meaning and Varieties', in Coward and Penelhum, op.cit., p. 4.

But this variety disguises a fairly simple common principle underlying them all. This common principle is that normal human consciousness has evolved into an awareness of individual mortality, from which there is a need to escape.⁴⁴ Somewhere in the distant ancestry of humanity a threshold of consciousness was crossed after which individual humans have had to endure the constant anxiety which accompanies the anticipation of personal death.⁴⁵ The ancients variously referred to the crossing of this threshold as a fall from grace, a descent from a Golden Age, or an eviction from a garden of easy living. Modern people are perhaps more likely to see it as an advancement or an evolutionary step, rather than a fall, which has provided the fundamental distinction between humans and other animals.⁴⁶

Dealing With the Knowledge of Mortality

Whether the development of the knowledge of personal mortality is viewed as a descent or an ascent does not matter a great deal. Either way it produces the effect of what is now generally referred to as self-consciousness. The awareness of personal mortality, combined with the understanding that the lives of others, and the physical reality in which they abide, will all continue independently after a person has died, has the effect of causing individual humans to see themselves as separate and alienated from the physical and social environments in which they live. Each person understands that at the end of their life, death has to be faced alone.⁴⁷ This realisation has the tendency to develop an aspect of consciousness from which life is also faced alone.⁴⁸ This sense of alienation focuses consciousness on the individual self, and the need to prolong its survival. In this way existence can become an uncomfortable and futile experience:

And God has so arranged this existence that it is impossible in this world to be related in truth to truth without coming to suffer — and eternity judges everyone according to whether he has been related in suffering to truth.⁴⁹

Mysticism appears to be a comparatively recent innovation for dealing with this harsh reality of mortal existence and it is normally only utilised by individuals who find the traditional strategies unsatisfactory. The traditional strategies involve reinforcing the self, rather than transcending it, through identification with the phenomena of procreation and/or social status. The utilisation of procreation as a defence of the self involves viewing this phenomenon as an opportunity for

⁴⁴ Happold, *op.cit.*, pp. 33-34.

⁴⁵ Terrance G. Walsh, 'Writing anxiety in Teresa's 'Interior Castle'', *Theological Studies*, Vol. 56, No. 2, 1995, pp. 251-276.

⁴⁶ Richard Maurice Bucke, *Cosmic Consciousness* E. P. Dutton, New York, 1969, pp. 19-22.

⁴⁷ Bede Griffiths, *Return to the Center*, Templegate, Springfield Illinois, 1976, pp. 88-97.

⁴⁸ Abraham H. Maslow, *Toward a Psychology of Being*, Second Edition, Van Nostrand Reinhold, New York, 1968, p. 14.

⁴⁹ Soren Kierkegaard, *The Last Years: Journals 1853-55*, Fontana, London, 1965, p. 132.

providing a measure of personal immortality.⁵⁰ Children are seen as extensions of the self and, since it can be anticipated that children will further extend a person's procreative chain of existence, people who have children are likely to reassure themselves with the thought that their own being is a link in a chain of immortal existence.⁵¹

But there is large scope for disappointment for those who rely on this strategy. Infertility, premature death of offspring, the failure of children themselves to marry and procreate, or simply intergenerational conflict, can all easily create conditions in which the chain of immortality appears to break. The most basic problem with this strategy for men is the uncertainty over paternity.⁵² When men are prompted by anxieties over paternity to adopt tactics designed to ensure the security of paternity, like imposing binding marriage contracts on women and restricting their freedom,⁵³ the stress is passed on from men to women.⁵⁴

To combat the anxieties caused by the knowledge of personal mortality, and also ameliorate the further stresses caused by the 'cure' of procreation, a further cultural strategy has been consciously developed which involves a competitive struggle for social status/social power.⁵⁵ The principle here is simple: people who can gain power over others can command them to provide service in the task of preserving the well-being of the person holding power. Men who pursue this strategy believe that if they can dominate male rivals, and gain ascendancy over a particular woman,⁵⁶ then exclusive sexual access will be guaranteed and procreative certainty will be assured. Surplus wealth, which can be accumulated by the exercise of power,⁵⁷ can also be used to insulate the person in power against mortality risks arising from causes like accident, disease, war, exposure and hunger.

The obvious flaw in the status strategy is that it can only work for the benefit of a minority of people at the expense of the majority.⁵⁸ Mystics are usually drawn from the ranks of the majority for whom the quest for status offers little comfort. The pursuit of mystical experience can be seen as a further attempt, beyond the more normal strategies of procreation and status, to escape from the consciousness of self and the accompanying anxiety about its mortality.⁵⁹

⁵⁰ D. W. D. Shaw, 'The undiscovered country': an exploration — 'the life everlasting', Scottish Journal of Theology, Vol. 47, No. 2, 1994, pp. 149-169.

⁵¹ Harvey Whitehouse, 'Rites of terror: emotion, metaphor and memory in Melanesian initiation cults', Journal of the Royal Anthropological Institute, Vol. 2, No. 4, 1996, pp. 703-716.

⁵² Warren Cohen, 'Kid looks like the mailman? Genetic labs boom as the nation wonders who's Daddy', US News and World Report, Vol. 122, No. 3, Jan 27, 1997, pp. 62-63.

⁵³ Anon., 'Purdah — seclusion — in Pakistan: violation of women's human rights', WIN News, Vol. 20, No. 2, 1994, pp. 33-34.

⁵⁴ Rhoda Kanaaneh, 'We'll talk later', Cultural Anthropology, Vol. 10, No. 1, 1995, pp. 125-136.

⁵⁵ See for example, Vance Packard, The Status Seekers, Penguin, Harmondsworth, 1959.

⁵⁶ Amida Amazone, 'On Male Tyranny', Journal of Women's History, Vol. 8, No. 2, 1996, pp. 139-144.

⁵⁷ See for example, S. Encel, Equality and Authority: a Study of Class, Status and Power in Australia, Cheshire, Melbourne, 1970.

⁵⁸ See for example, C. Wright Mills, The Power Elite, Oxford University Press, London, 1956.

⁵⁹ Happold, op.cit., pp. 56-57.

Attaining Mystical Experience

Mystical experience which is deliberately intended, rather than spontaneous, is usually attained through the practice of some kind of spiritual exercises.⁶⁰ These exercises can take the form of meditation and yoga, as in Buddhist⁶¹ and Hindu⁶² traditions, certain forms of Christian prayer,⁶³ dancing in Sufism,⁶⁴ and even the repetition of the mystic's own name, as the 19th century English poet, Alfred Lord Tennyson found:

I have never had any revelations through anaesthetics, but a kind of waking trance — this for lack of a better word — I have frequently had, quite up from boyhood, when I have been all alone. This has come upon me through repeating my own name to myself silently, till all at once, as it were out of the intensity of the consciousness of individuality, individuality itself seemed to dissolve and fade away into boundless being, and this not a confused state but the clearest, the surest of the surest, utterly beyond words — where death was an almost laughable impossibility — the loss of personality (if so it were) seeming no extinction, but the only true life.⁶⁵

The intuitive inventiveness Tennyson describes is not unusual amongst mystics who are independent of organised disciplines. But most descriptions of mystical technique are more likely to follow the proven formula of a tradition. These proven formulas often have common elements: i.e. the novice mystic should follow a lifestyle committed to humility⁶⁶ (transcendence of the status quest) and, following the example of celebrated mystic role models like Meister Eckhardt,⁶⁷ usually be celibate as well (detachment from fertility). Once the novice has correctly arranged his/her lifestyle, which might require residence in a monastery, convent⁶⁸ or spiritual community, some form of mental exercises are then learned and practised. These exercises are usually a combination of techniques. Variations of Tennyson's name repetition are often found as components under the name of "mantra"⁶⁹ or "prayer"⁷⁰.

⁶⁰ See for example, Lu K'uan-yu, Taoist Yoga: Alchemy and Immortality, Rider, London 1970.

⁶¹ See for example, Lama Anagarika Govinda, Foundations of Tibetan Mysticism, Rider, London, 1959.

⁶² See for example, Ernest E. Wood, Practical Yoga, Wiltshire Book Company, Hollywood, Calif., 1972.

⁶³ Anon., The Way of the Pilgrim, R. M. French, trans., S.P.C.K., London, 1930.

⁶⁴ Andrew North, 'The mysterious mould', The Middle East, No. 259, Sept. 1996, pp. 35-38.

⁶⁵ Alfred Lord Tennyson, in a letter to Mr. B. P. Blood, quoted in William James, The Varieties of Religious Experience, Fontana, London, 1960, p. 370.

⁶⁶ See for example, Steve Clorfeine, 'Journey to Enlightenment: The Life and World of Khyentse Rinpoche', Parabola, Vol. 22, No. 2, 1997, pp. 91-94.

⁶⁷ Michael Maccoby, 'The two voices of Erich Fromm: prophet and analyst', Society, Vol. 32, No. 5, 1995, p. 72-83.

⁶⁸ See for example, Jaroslav Pelikan, 'Sisters in Arms: Catholic Nuns Through Two Millennia', The New Republic, Vol. 215, No. 16, 1996, pp. 39-44.

⁶⁹ Ernest Wood, Concentration: an approach to meditation, Theosophical Publishing House, Adyar, 1949, pp. 123-129.

⁷⁰ St Teresa of Avila, 'The Degrees of Prayer', in Happold, op.cit., pp. 342-354.

Meditation, in one form or another, is usually the centre-piece of mystical practice. The essential component of all meditative practice is for the practitioner to develop an ability to observe his/her own flow of thoughts.⁷¹ This involves the establishment of an aspect of identity that looks inward, and relates to mental phenomena, and is distinguished from self-identity by being its observer.⁷² This deliberate effort to consciously observe the mental activity of the self, rather than to participate in existence through the expression of self-identity, can produce an effect in which the person's mind is split so that consciousness is catapulted in a trajectory above and beyond the existential anxieties of self consciousness.⁷³

Reports of the resulting experience of transcendence have a number of common components. The most notable of these involve emotional perceptions — the transcendence of fear and the experience of love⁷⁴ — and non-sensory communications, perceived directly in the mind as voices or visions.⁷⁵

Imaginary visions may appear with the intensity of actual sensations It is as if the images and symbols normally restricted to the unconscious are released when the mind first penetrates into the unknown depths of itself. The mystical vision structures this “unconscious” material according to its own intentionality.⁷⁶

It is not normal for mystics to refer to these communications as hallucinations though clearly this is the psychological terminology that most appropriately describes them. The term ‘hallucination’, as has already been discussed in the description of the medical model, is of 19th century coinage. Mystics are generally inclined to perceive and describe their experiences in terms of the particular discipline in which they have trained and many of these predate the 19th century by a considerable margin.⁷⁷

Academic analysts have some difficulty in finding the right terms by which to describe the voices and visions of mystics: “intellectual visions are not visions proper, since they do not consist of perceptions or images. Nor are they intellectual in the ordinary sense, since they are entirely nondiscursive and contribute nothing to the subject's ‘understanding’ of himself and his world. Nevertheless, their main impact is one of insight and even of all-surpassing insight.”⁷⁸

⁷¹ Brother David Steindl-Rast, ‘My Spiritual Discipline’, in Coward and Penelhum, *op.cit.*, pp. 19-22.

⁷² Ernest Wood, *Yoga*, Pelican, Harmondsworth, 1959, p. 43.

⁷³ See for example, Yogi Ramacharaka, *A Series of Lessons in Raja Yoga*, L. N. Fowler, London, 1960.

⁷⁴ Happold, *op.cit.*, pp. 40-42.

⁷⁵ See for example, Dante, ‘Intellectual Vision’, in *ibid.*, pp. 264-268.

⁷⁶ Louis Dupre, ‘The Mystical Experience of the Self and Its Philosophical Significance’, in Woods, *op.cit.*, p. 457.

⁷⁷ Evelyn Underhill, ‘The Mystic as Creative Artist’, in Woods, *op.cit.*, pp. 400-414.

⁷⁸ Dupre, *op.cit.*, in Woods, *op.cit.*, p. 458.

Some analysts deal with the problem by focussing on the emotional aspects of mystical experience, and the “consciousness of close communion with God” is presented as being the primary aspect of mystical experience. Seemingly hallucinatory experience is relegated to a secondary role of lesser importance:

Among these symbols we must reckon a large number of the secondary phenomena of mysticism: divine visions and voices, and other dramatisations of the self’s apprehensions and desires. The best mystics have always recognised the doubtful nature of these so-called divine revelations and favours, and have tried again and again to set up tests for discerning those which really ‘come from God’ i.e. mediate a valid spiritual experience.⁷⁹

However, some of the ‘best mystics’, i.e. those whose mystical experiences have been incorporated into the lore of mainstream religions, have been unequivocal about the significance of their voices and visions. John of Ephesus, for instance, the author of the Book of Revelation in the New Testament, relates how he was on the Isle of Patmos and,

was in the Spirit on the Lord’s day, and heard behind me a great voice, as of a trumpet, saying, ‘I am Alpha and Omega, the first and the last’, and ‘What thou seest, write in a book’ And I turned to see the voice that spoke to me. And being turned, I saw seven golden candlesticks; and in the midst of the seven candlesticks one like unto the Son of Man, clothed with a garment down to the foot, and girt about the paps with a golden girdle.⁸⁰

Mohammed, the founder of the Islamic religion, is reported by Moslem writers to have spent many years in contemplation before a mystical experience gave him the necessary insights to launch a major religion. The mystical experience involved a vision of the angel Gabriel who asked Mohammed to read instructions written on cloth:

He was passing the month of Ramadan in the cavern of Mount Hara, endeavouring by fasting, prayer and solitary meditation to elevate his thoughts to the contemplation of divine truth. As Mohammed lay wrapped in his mantle he heard a voice calling upon him. Uncovering his head a flood of light broke upon him in such intolerable splendour that he swooned. On regaining his senses he beheld an angel in human form, which, approaching from a distance, displayed a silken cloth covered with written characters.⁸¹

⁷⁹ Evelyn Underhill, ‘The Essentials of Mysticism’, in Woods, *op.cit.*, p. 38.

⁸⁰ ‘The Revelation of Jesus Christ’, in Ernest Sutherland Bates, ed., *The Bible Designed To Be Read As Literature*, William Heinemann, London, 1920, p. 1198.

⁸¹ Washington Irving, *Life of Mohammed*, Bell and Daldy, London 1869, quoted in Bucke, *op.cit.*, p. 126.

Moses' inspiration to lead the Hebrews out of slavery in Egypt came from a mystical encounter with God as he tended his flock of sheep in the desert:

... he came to the mountain of God, even to Horeb. And the angel of the Lord appeared unto him in a flame of fire out of the midst of a bush: and he looked, and, behold, the bush burned with fire, and the bush was not consumed. And Moses said, "I will now turn aside, and see this great sight, why the bush is not burnt." And when the Lord saw that he turned aside to see, God called to him out of the midst of the bush, and said, "Moses, Moses."⁸²

Moses' 'hallucinations' covered a considerable range in this encounter with God. He was given a messianic mission and as evidence that he would have the persuasive power necessary to fulfil the role he was led to believe he had been given a magical ability to turn his rod into a snake and to induce the symptoms of leprosy by putting "his arm into his bosom".⁸³

The New Testament provides ample evidence that the 'best mystics' are not immune to encountering visions and voices in their mystical experiences. John the Baptist had been instructed by a mystical presence to baptise people in the River Jordan and to persevere in this task until he encountered a person "upon whom thou shalt see the Spirit descending,"⁸⁴

And it came to pass in those days, that Jesus came from Nazareth of Galilee, and was baptised of John in Jordan. And straight away coming up out of the water, he saw the heavens opened, and the spirit like a dove descending upon him: and there came a voice from heaven, saying, "Thou art my beloved Son, in whom I am well pleased."⁸⁵

George Fox, the founder of the Quaker religion,⁸⁶ left a diary with many accounts of his mystical experiences, some of which involved visions and voices. He relates how, on one occasion, he separated from friends to pay a solitary visit to the city of Lichfield in England.

I was commanded by the Lord to pull off my shoes. I stood still for it was winter: but the word of the Lord was like a fire in me. So I put off my shoes and left them with the shepherds; and the poor shepherds trembled, and were astonished. Then I walked on about a mile, and as soon as I got within the city, the word of the Lord came to me again, saying: Cry, 'Wo to the bloody city of Lichfield!' So I went up and down the streets, crying with a loud voice, Wo to the bloody city of Lichfield! It being market

⁸² The Book of Exodus, in Bates, *op.cit.*, p. 82.

⁸³ *Ibid.*, p. 83.

⁸⁴ The Gospel According To John, in Bates, *op.cit.*, p. 1008.

⁸⁵ The Gospel According To Mark, in Bates, *op.cit.*, p. 902.

⁸⁶ James, *op.cit.*, p. 30.

day, I went into the market-place, and to and fro in the several parts of it, and made stands, crying as before, Wo to the bloody city of Lichfield! And no one laid hands on me. As I went thus crying through the streets, there seemed to me to be a channel of blood running down the streets, and the market-place appeared like a pool of blood.⁸⁷

In The Varieties of Religious Experience William James shows considerable respect for George Fox's mystical accomplishments and his contribution to religious understanding. James returns repeatedly to Fox's Journal to demonstrate finer points of religious understanding. By way of explaining Fox's unusual behaviour in Lichfield James writes:

No one can pretend for a moment that in point of spiritual sagacity and capacity, Fox's mind was unsound. Everyone who confronted him personally, from Oliver Cromwell down to county magistrates and jailers, seems to have acknowledged his superior power. Yet from the point of view of his nervous constitution, Fox was a psychopath⁸⁸ or *détraqué* of the deepest dye.⁸⁹

James was a medical practitioner and a psychologist and The Varieties of Religious Experience came out of a lecture series he gave at Edinburgh University in 1901-02. His assessment that Fox had soundness of mind in regard to spiritual judgement but that his nervous constitution, as indicated by the Lichfield behaviour, was psychopathic, supports the basic contention of the mystical model which argues that mental health professionals are predisposed to label mystics as mentally ill people. In James' case this is done in spite of the recognition given to the value of Fox's mysticism. This raises the interesting question as to whether James would have offered treatment to Fox, at the possible risk of undermining his mystical capacity, had the two men lived at the same time and made contact with one another.

Mysticism and Psychiatry

James was not the only mental health professional living around the turn of the 20th century who made a link between mysticism and mental illness. Richard Maurice Bucke was a late-19th century Canadian psychiatrist who published a book in 1901 entitled Cosmic Consciousness.⁹⁰ In the book Bucke outlined a theory about the evolution of consciousness which he had developed from a mixture of sources including observations made of his patients, analyses of literature, and self-

⁸⁷ George Fox, 'Journal', quoted in *ibid.*, pp. 30-31.

⁸⁸ Psychopath has been used during the 20th century to describe a specific non-psychotic mental disorder that has since been renamed and now appears as 'antisocial personality disorder' in the DSM IV.

However, this technical usage for 'psychopath' was only adopted after the time in which James wrote the comments quoted above. It is fair to assume that James used 'psychopath' here as a generic term for mental illness and that what is now called schizophrenia can be included in this generalisation.

⁸⁹ James, *op.cit.*, p. 30.

⁹⁰ Bucke, *op.cit.*

examination of his own mental functioning. The theory not only linked mysticism and mental illness but also fitted them both into an evolutionary context.

Bucke's hypothesis was that human consciousness is engaged in an evolutionary process and is slowly moving through three distinct phases of development. The first stage he called 'simple consciousness',⁹¹ which he described as being concerned with sense perceptions. This primary level of consciousness is shared with other animals and was the only kind of consciousness available to our humanoid ancestors.

According to Bucke humans became distinguished from other animals by growing into a second level of development he called 'self consciousness'.⁹² Most modern people live on this second level of consciousness but, according to Bucke, a third possibility is also available. He argued that there is a higher level of understanding, above self consciousness, which he called 'cosmic consciousness', and that its attainment is an evolutionary step above the current human status.

Bucke believed that only a select few individuals had so far experienced cosmic consciousness but he claimed to have had his own first hand experience of it. Speaking disconcertingly of himself in the third person he wrote the following description of his own mystical experience by which he was introduced to this higher level of consciousness.

He was in a state of quiet, almost passive enjoyment. All at once, without warning of any kind, he found himself wrapped around as it were by a flame-coloured cloud. For an instant he thought of fire, some sudden conflagration in the great city; the next, he knew that the light was within himself. Directly afterwards came upon him a sense of exultation, of immense joyousness accompanied or immediately followed by an intellectual illumination quite impossible to describe. Into his brain streamed one momentary lightning-flash of the Brahmic Splendour which has ever since lightened his life; upon his heart fell one drop of Brahmic Bliss, leaving thence-forward for always an aftertaste of heaven. Among other things he did come to believe, he saw and knew that the Cosmos is not dead matter but a living Presence, that the soul of man is immortal, that the universe is so built and ordered that without any peradventure all things work together for the good of each and all, that the foundation principle of the world is what we call love and that the happiness of everyone is in the long run absolutely certain.⁹³

The above description should not be dismissed as a compromising confession of mental instability from a dweller on the fringe of the psychiatric profession. At the time Bucke wrote about his experience he was at the height of a highly successful career. Between 1876 and 1890 he held posts

⁹¹ *Ibid.*, p. 1.

⁹² *Ibid.*, p. 1.

⁹³ *Ibid.*, pp. 9-10.

as Superintendent of the Provincial Asylum for the Insane at Hamilton and Superintendent of the London (Ontario) Hospital. He was also made Professor of Mental and Nervous Diseases at Western University (London, Ontario), and elected President of the Psychological Section of the British Medical Association and President of the American Medico-Psychological Association.⁹⁴

In his time Bucke was considered “one of the foremost alienists”⁹⁵ on the North American continent. The description of his mystical experience, far from being an embarrassment to him, was written up separately as a scientific account of unusual psychological phenomena and appeared in the Proceedings and Transactions of the Royal Society of Canada.⁹⁶

Bucke’s book is divided into six parts. The first three parts lay down the foundations of his theory. Part IV is concerned with demonstrating that a number of historical figures, most of whom were poets or the founders of major religions, had experienced unusual mental phenomena, which he claimed are instances of cosmic consciousness. He largely relied on interpreting their writing, or accounts of their lives and experiences, to provide the evidence. The list includes such names as Gautama the Buddha, Jesus, Mohammed, Dante, Francis Bacon (also known as William Shakespeare according to Bucke) and William Blake.

Part V of the book is a similar examination of a longer list of “Additional—some of Them Lesser, Imperfect, and Doubtful Instances”⁹⁷ of cosmically conscious individuals. This list is also largely comprised of poets and religious figures but it also includes thirteen people who were contemporaries of Bucke and whose identities he concealed by only referring to them by their initials. Some of the accounts given of the lives and experiences of these people indicate they had sought medical advice and, although Bucke doesn’t directly say so, it is fair to assume that at least some of them might have been Bucke’s own patients.

Bucke observed that people who had undergone mystical experience often developed difficulties relating to other people and that throughout history they have been “either exalted, by the average self conscious individual, to the rank of gods, or, adopting the other extreme, are adjudged insane”.⁹⁸ Bucke believed he had found a solution to this problem by defining them as ordinary people who had simply taken an evolutionary step that all humans would inevitably take, sooner or later.

⁹⁴ George Moreby Acklom, “The Man and the Book”, introduction to ibid.

⁹⁵ Ibid.

⁹⁶ Richard Maurice Bucke, Proceedings and Transactions of the Royal Society of Canada, Series II, Vol. 12, pp. 159-196, cited in Ibid.

⁹⁷ Bucke, Cosmic Consciousness, op.cit., p. 255.

⁹⁸ Ibid., p. 3.

It may be technically incorrect to identify Bucke as the originator of the mystical model for schizophrenia. Bucke, after all, developed his theory before the modern understanding of schizophrenia had been formulated. His book on cosmic consciousness was published some ten years before Bleuler's monograph, in which the term schizophrenia was first used, and Kraepelin's earlier criteria for dementia praecox described a condition that ended in a long-term slide into dementia, which did not fit Bucke's description of cosmic consciousness. However, when Bucke's accounts of cosmic consciousness are compared with modern psychiatric descriptions of the symptoms of acute schizophrenic episodes, involving delusions and hallucinations, the similarity is inescapable.

Bucke devoted a chapter to the Apostle Paul, for instance, and reproduces numerous extracts from biblical sources which refer to Paul's mystical experiences. His vision on the road to Damascus is well known:

And it came to pass, that as I made my journey, and drew nigh unto Damascus, about noon, suddenly there shone from heaven a great light round about me. And I fell unto the ground, and heard a voice saying to me, **Saul, Saul, why persecutest thou me?** And I answered, Who art thou, Lord? And he said unto me, **I am Jesus of Nazareth whom thou persecutest:** And they that were with me beheld indeed the light, but they heard not the voice of him that spake to me. and I said, What shall I do, Lord? And the Lord said unto me, **Arise, and go into Damascus. And there it shall be told unto thee of all things which are appointed for thee to do.** And when I could not see for the glory of that light, being led by the hand of them that were with me, I came into Damascus.⁹⁹

A modern person who described to a psychiatrist such an experience, involving a vision of light and the hearing of Jesus' voice, would, almost certainly, be diagnosed as suffering from schizophrenia.

Anti-Psychiatry, Laing and the Mystical Model

The widespread interest in psychic and mystical interpretations of mental phenomena, which was apparent around the turn of the century, largely lapsed into indifference as the 20th century progressed. The mystical model for explaining the symptoms of schizophrenia didn't properly come to the surface until the 1960s with the advent of the anti-psychiatry movement. The anti-psychiatry movement was largely born out of the spirit of anti-establishment protest that characterised this era and the "furious rebellion" of antipsychiatry against conventional psychiatric models "was like a lightning rod for the key ideas of the time, combining Sartre, Jung and Gregory Bateson into a perfect model of Rousseallian humanism for the counter-culture of the 1960s".¹⁰⁰

⁹⁹ Acts of the Apostles, quoted in *ibid.*, p. 114.

¹⁰⁰ Carole Angier, 'R. D. Laing: A Divided Self', *New Statesman*, Vol. 25, No. 4294, 26 July, 1996, p. 46.

The unifying principle of the anti-psychiatry movement was a view that psychiatric practice is a form of social control. However, although there was agreement on the need to curb this aspect of psychiatry there were still a number of diverse positions taken within the antipsychiatry movement on the interpretation of schizophrenic symptoms. The mystical model was only one of these positions.

The two major figures that emerged as leading polemicists for the anti-psychiatry movement were themselves both psychiatrists: Ronald D. Laing in the UK and Thomas Szasz in the US. A mystical interpretation of schizophrenia, in so much as it confirms the reality of abnormal mental experience, is anathema to Thomas Szasz's point of view. Szasz's view of the symptoms is that they are actually non-existent. His explanations as to why these mythical symptoms are persistently reported are two-fold: sometimes they are trumped up, heresy-like accusations levelled by the state against irritating citizens,¹⁰¹ in order to control them; and at other times they are the theatrically expressed fantasies of predatory, attention-seeking individuals.¹⁰² Szasz believes that schizophrenia is a myth and his theory will be closely examined in Chapter 8.

While Szasz is the leading light of the myth-of-mental-illness model, R. D. Laing, on the other hand, became the godfather of the mystical model:

Certain *transcendental experiences* seem to me to be the original well-spring of all religions. Some psychotic people have transcendental experiences. Often (to the best of their recollection), they have never had such experiences before, and frequently they will never have them again.¹⁰³

Although Laing was not certain that schizophrenia was the best route into mystical experience¹⁰⁴ he became convinced that the mystical model was the best interpretation of the schizophrenic experience. Laing appears to have been influenced by something Gregory Bateson wrote in a "brilliant introduction to a nineteenth-century autobiographical account of schizophrenia."¹⁰⁵ Bateson likened a person experiencing schizophrenic symptoms to an explorer "embarked on a voyage of discovery which is only completed by his return to the normal world, to which he comes

¹⁰¹ Thomas Szasz, *Schizophrenia: Sacred Symbol of Psychiatry*, Basic Books, New York, 1976.

¹⁰² Thomas Szasz, *Cruel Compassion: Psychiatric Control of Society's Unwanted*, John Wiley and Sons, New York, 1994, p. 145.

¹⁰³ Laing, *op.cit.*, p. 112.

¹⁰⁴ *Ibid.*

¹⁰⁵ *Ibid.*, p. 97.

back with insights different from those of the inhabitants who never embarked on such a voyage".¹⁰⁶

Laing's own favoured metaphor begins with a dichotomy which he sees as having given rise in the human condition to "the split of our experience into what seems to be two worlds, inner and outer".¹⁰⁷ The outer world is the world of normal experience whereas the inner world is the venue for the unusual experiences encountered by schizophrenics and mystics. To Laing any separation of these two worlds is artificial and "the process of entering into the other world from this world, and returning to this world from the other world, is as natural as death and giving birth or being born."¹⁰⁸

Taking up Bateson's motif of a journey to describe the schizophrenic experience Laing himself speculated that:

The journey is experienced as going further 'in', as going back through one's personal life, in and back and through and beyond into the experience of all mankind, of the primal man, of Adam and perhaps even further into the being of animals, vegetables and minerals.

In this journey there are many occasions to lose one's way, for confusion, partial failure, even final shipwreck: many terrors, spirits, demons to be encountered, that may or may not be overcome.

We do not regard it as pathologically deviant to explore a jungle, or to climb Mount Everest. We are far more out of touch with even the nearest approaches of the infinite reaches of inner space than we now are with the reaches of outer space. We respect the voyager, the explorer, the climber, the space man. It makes far more sense to me as a valid project - indeed as a desperately urgently required project of our time, to explore the inner space and time of consciousness. Perhaps this is one of the few things that still make sense in our historical context. We are so out of touch with this realm that many people can now argue seriously that it does not exist. It is very small wonder that it is perilous indeed to explore such a lost realm.¹⁰⁹

Speaking about schizophrenics who have inadvertently lost themselves in this inner world Laing says: "This is where the person sitting in a chair labelled catatonic has often gone. He is not at all here: he is all there. He is frequently very mistaken about what he is experiencing, and probably

¹⁰⁶ Gregory Bateson, ed., Perceval's Narrative. A Patient's Account of his Psychosis, Stamford University Press, Stamford, 1961, p. xiii.

¹⁰⁷ Laing, op.cit., p. 103.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid., pp. 104-105.

does not want to experience it. There are very few of us who know the territory in which he is lost, who know how to reach him, and how to find the way back.”¹¹⁰

Laing was very concerned with the approach of normal psychiatric practice, which he called “a degradation ceremonial”.¹¹¹ He believed that a new approach, an “initiation ceremonial”, should be developed for “those who are about to go into a schizophrenic breakdown”.¹¹² Laing argued that psychiatrists and psychiatric treatment should be replaced by guides who have themselves been on the inner journey: “Psychiatrically, this would appear as ex-patients helping future patients to go mad.”¹¹³

He summarised his view of a mystical interpretation of schizophrenia in point form:

- (i) a voyage from the outer to the inner,
- (ii) from life to a kind of death,
- (iii) from going forward to going back,
- (iv) from temporal movement to temporal standstill,
- (v) from mundane time to aeonic time,
- (vi) from the ego to the self,
- (vii) from being outside (post-birth) back into the womb of all things (pre-birth),
and then subsequently a return voyage from
 - (1) inner to outer,
 - (2) from death to life,
 - (3) from the movement back to a movement once more forward,
 - (4) from immortality back to mortality,
 - (5) from eternity back to time,
 - (6) from self to a new ego,
 - (7) from a cosmic foetalization to an existential rebirth.¹¹⁴

Laing likened returning schizophrenics to lost explorers of the Renaissance, who eventually found their way home, and he argued that schizophrenics deserved no less respect than was accorded to these explorers.¹¹⁵ But there seems to be a pessimistic streak motivating some of Laing’s thinking and he implies that schizophrenia might play some kind of essential role of renewal for the human race: “If the human race survives, future men will, I suspect, look back on our enlightened epoch as

¹¹⁰ Ibid., p. 105.

¹¹¹ Ibid., p. 106.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid., p. 107.

a veritable age of Darkness. They will see that what we call 'schizophrenia' was one of the forms in which, often through quite ordinary people, the light began to break through the cracks in our all-too-closed minds."¹¹⁶

Laing was scathing in his criticism of psychiatric practice when it is informed by a belief in a biological cause for schizophrenia:

The ways of losing one's way are legion. Madness is certainly not the least unambiguous. The counter-madness of Kraepelinian psychiatry is the exact counterpart of 'official' psychosis. Literally, and absolutely seriously, it is as *mad*, if by madness we mean any radical estrangement from the totality of what is the case.¹¹⁷

Laing himself was not very popular amongst his psychiatric peers and most of his following came from the anti-establishment new left of politics, which was surging at this time:¹¹⁸ "We may see the growth of his ideas as a progressive and serial challenging of the whole catalogue of schizoid 'symptoms' that is customarily presented in psychiatric textbooks."¹¹⁹ This challenging, it was observed, began to show evidence that Laing was not only viewing his schizophrenic patients as mystical voyagers but that he was, himself, personally engaged in mystical pursuit. Appended to the Penguin edition of his 1967 book, The Politics of Experience, was a short autobiographical fragment entitled The Bird of Paradise. This piece was written in the first person and described an inner journey. Commentators have speculated that it may have been either an experimental attempt to describe the schizophrenic experience of one of his patients or, alternatively, it could have been an account of a brief psychotic experience that Laing had actually undergone himself.¹²⁰

In 1971 Laing surprised both his psychiatric colleagues and his new left followers by withdrawing from psychiatric practice and departing for Sri Lanka. In Sri Lanka he set about devoting himself entirely to the mystical pursuit of Buddhist meditation. An academic from the Anthropology Department of Syracuse University, who encountered him there towards the end of 1971, wrote that Laing,

has virtually broken his bridges with things British and psychiatric. He is not only doing Theravada Buddhist meditation there — he does it seventeen hours a day, for the past five months. He spent six weeks in a training monastery in Kandubodda, in central

¹¹⁶ Ibid.

¹¹⁷ Ibid., p. 117.

¹¹⁸ Peter Sedgwick, 'R. D. Laing: self, symptom and society', in Robert Boyers and Robert Orrill, eds., Laing and Anti-Psychiatry, Penguin, Harmondsworth, 1972, pp. 17-22.

¹¹⁹ Ibid., p. 41.

¹²⁰ Ibid., p. 39.

Ceylon, and the senior monk there told me that Laing has been doing better, much better, than long-time meditation experts, Singhalese Buddhist as well as foreign.¹²¹

But Laing was back on the lecture circuit in the United States and Europe in less than a year. In his meditations he had been visited by a vision of a new solution to the problem of the human condition. Adults, he claimed, are haunted throughout their lives by fragmented memories of their own conception, fetal life and birth experiences. He preached a new panacea in the therapeutic 'rebirthing experience'. Of his own birth he said:

I can remember it happening to me as a body blow, a searing pain, a complete total organismic reflex ... which took my breath away before I got my breath, and produced a triple red light . . . quite suddenly the only status quo I knew was, within seconds--the time it took for the scissors and clamp to sever that connection--abruptly ended . . . being born was an experience I certainly wouldn't like to repeat.¹²²

Psychiatric theories are subject to changing fashions in social thought and Laing's approaches to psychiatric issues have now become decidedly unfashionable. One observer of psychiatric trends, writing in the mid-1990s, even had difficulty in understanding why anybody had taken Laing seriously in the first place:

But how, how could intelligent and literate college students, professors, and physicians take such nonsense seriously? It had to be the times. Large public mental hospitals were an abomination. Vietnamese were being bombed into smithereens to 'free' them from oppression. Heads of government lied to their peoples cavalierly. Reason had not worked in an age of unreason; perhaps mysticism, raw emotion, transcendental experiences, primal screams, or rebirthing would.¹²³

Jung

Laing's latter career-move to mystical self-immersion, however, is not the rule amongst advocates of the mystical model for schizophrenia. Some of the more significant psychiatric advocates of the mystical model have been fairly sober-minded Jungians. One of these, John Weir Perry, is perhaps the most articulate mystical advocate of all. However, before describing Perry's approach it might be wise to briefly discuss Jung's own interpretation of schizophrenic symptoms. The reason for this is that although some Jungians, like Perry, have theoretical approaches that clearly fall within the mystical model, Jung's own theories can not be so easily placed.

¹²¹ Ageha Bharati, 'Letter to Peter Sedgwick', November, 1971, reproduced in, *Ibid.*, p. 46.

¹²² Leon Eisenberg, 'R. D. Laing: A Biography', *The Lancet*, Vol. 344, No. 8927, 1 October, 1994, p. 939.

¹²³ *Ibid.*

Jung spent most of his long career wavering within the medical model, first favouring the biological interpretation, and then the experiential/environmental interpretation. Finally, towards the end of his career, he found a way to integrate both, along with the essential mythological components of the mystical model. The full complexity of his theory is often not adhered to by modern Jungians and, through selecting only certain parts of his theory, Jungians find they can accommodate themselves to both the mystical and medical models.

In a volume entitled The Psychogenesis of Mental Disease¹²⁴ a collection of Jung's scientific papers is to be found which span more than half a century of publication. The collection includes a number of papers which, when read in the sequence of their publication, provide a guide to the evolution of Jung's thinking on the aetiology of schizophrenia.

As a young man Jung studied under Professor Bleuler at the Burgholzli hospital in Zurich, where he was an assistant physician. Under Bleuler's guidance Jung chose for his doctoral dissertation to "investigate experimentally the disintegration of ideas in schizophrenia".¹²⁵ In 1907 he published a paper entitled The Psychology of Dementia Praecox¹²⁶ in which he set forth the knowledge he had accumulated on the subject. (This was shortly before Bleuler gave the condition its modern name of schizophrenia.) The publication of Jung's paper had a considerable impact and firmly established his reputation as a psychiatric researcher. It also brought Jung to the attention of Freud and led to their first meeting.¹²⁷

In this paper Jung continued Kraepelin's work of delineating the boundaries of the mental disease which was soon to become known as schizophrenia, and which was then generally assumed to have a biological cause. Some of Jung's most interesting assertions are concerned with a symptom he called "affectations". He argued that affectations involved phenomena like "mannerism, eccentricity, and mania for originality"¹²⁸ and were often encountered in people who were out of their social element.

A very common form of this affectation is the pretentious and artificial behaviour of women of a lower social position — dressmakers, nurses, maids, etc. — who mix with those socially above them, and also of men who are dissatisfied with their social status and try to give themselves at least the appearance of a better education or a more imposing position.¹²⁹

¹²⁴ C. G. Jung, The Psychogenesis of Mental Disease, R. F. C. Hull, trans., Routledge and Kegan Paul, London, 1960.

¹²⁵ C. G. Jung, 'Schizophrenia', in Ibid., p. 256.

¹²⁶ C. G. Jung, 'The Psychology of Dementia Praecox', in Jung, op.cit., pp. 1-153.

¹²⁷ Ibid., p. v.

¹²⁸ Ibid., p. 75.

¹²⁹ Ibid.

What is noteworthy here is that it apparently was not so much the affectations, in themselves, that Jung believed gave indication of a dysfunctional brain. He apparently found no symptoms of pathology when people of elevated social status demonstrated affectations. The brain dysfunction was only indicated when lower class people used affectations that were inappropriate for the class to which they belonged.

Jung's cavalier attitude towards power relationships, and his belief that a reluctance to adopt submissive postures was indicative of dementia praecox pathology, is evident elsewhere in this paper. At one stage he discusses "the characteristic lack of *emotional rapport* in dementia praecox",¹³⁰ which he compares to that which is found in hysteria, and explains that it is only through having this emotional rapport that an analyst can penetrate the mind of the patient and gain moral power over them. He likens this process of gaining moral power over a patient to that of "ordinary confessions".¹³¹ But he goes on to lament that dementia praecox "patients cannot feel their way into the mind of the doctor, they stick to their delusional assertions, they attribute hostile motives to the analyst, they are and remain, in a word, uninfluenceable."¹³² Quite possibly it was Jung's inability to influence this type of person that contributed to his belief at this time in a biological cause for the condition.

By 1914 Jung's thinking had advanced beyond his original class-oriented view. In a paper entitled The Content of the Psychoses¹³³ he observed that "psychiatry is a stepchild of medicine" and that unlike other branches of medicine it did not have ready access to the scientific method.¹³⁴ This was because psychiatry had to deal with problems that lie beyond the brain in the "psyche, as indefinable as ever, still eluding explanation, no matter how ingenious".¹³⁵ Jung was now ready to scoff at the "dogma which you will find repeated in every text-book of psychiatry: 'Mental diseases are diseases of the brain'".¹³⁶ This critique was reiterated in a 1919 paper entitled On the Problem of Psychogenesis in which he called the brain disease interpretation "materialistic dogma".¹³⁷

In a 1928 paper, Mental Disease and the Psyche, Jung was able to state firmly that "schizophrenia has a 'psychology', i.e. a psychic causality and finality, just as normal mental life has".¹³⁸ But by 1939 he was beginning to waver in his certainty that there was no biological component in

¹³⁰ Ibid., p. 74.

¹³¹ Ibid.

¹³² Ibid.

¹³³ C. G. Jung, 'The Content of the Psychoses', in Jung, op.cit., 153-178.

¹³⁴ Ibid., p. 158.

¹³⁵ Ibid.

¹³⁶ Ibid., p. 159.

¹³⁷ C. G. Jung, 'On the Problem of Psychogenesis', in Jung, op.cit., p. 211.

¹³⁸ C. G. Jung, 'Mental Disease and the Psyche', in Jung, op.cit., p. 227.

schizophrenia. In a paper entitled On the Psychogenesis of Schizophrenia Jung began by agreeing with his former mentor, Bleuler, that there are primary and secondary symptoms for schizophrenia. Jung argued that while the secondary symptoms “are due chiefly to psychic causes”¹³⁹ he was less certain about the cause of the primary symptom, which Bleuler had nominated as being “a peculiar disturbance of the association-process.”¹⁴⁰

Musing over the lessons of his youth Jung wrote: “My teacher, Eugen Bleuler, used to say that a psychological cause can produce only the symptoms of the disease, but not the disease itself.”¹⁴¹ Jung summed up his equivocation at this time by arguing that “it is well-nigh impossible to prove, even approximately, that schizophrenia is an organic disease to begin with. It is equally impossible to make its exclusively psychological origin evident”.¹⁴²

It was not until 1956 that equivocation between a biological and a psychological origin produced a synthesis, which could also take into account mystical considerations. In Recent Thoughts on Schizophrenia,¹⁴³ Jung categorically asserted that “this condition has two aspects of paramount importance, biochemical and psychological”.¹⁴⁴ He added that he had proved fifty years ago that it could be treated by psychotherapy. He argued that the contents of schizophrenic experience were like those of a significant dream, what he called a “big dream”.

Unlike ordinary dreams, such a dream is highly impressive, numinous, and its imagery frequently makes use of motifs analogous to or even identical with those of mythology. I call these structures *archetypes* because they function in a way similar to instinctual patterns of behaviour.¹⁴⁵

Jung believed that the archetypes are probably “the psychic expressions or manifestations of instinct”¹⁴⁶ and that schizophrenia is caused when they are released into consciousness by the effect of an unknown toxin in the brain. He further argued that future research into schizophrenia will require a two-pronged effort:

Whereas the problem of a specific toxin presents a task for clinical psychiatry on account of its formal aspects, the question of the *contents* of schizophrenia and their meaning presents an equally important task for the psychopathologist as well as the psychologist of the future.¹⁴⁷

¹³⁹ C. G. Jung, ‘On the Psychogenesis of Schizophrenia’, in Jung, op.cit., p. 234.

¹⁴⁰ Ibid.

¹⁴¹ Ibid., p. 246.

¹⁴² Ibid., p. 245.

¹⁴³ C. G. Jung, ‘Recent Thoughts on Schizophrenia’, in Jung, op.cit., pp. 250-255.

¹⁴⁴ Ibid., p. 254.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid., p. 255.

¹⁴⁷ Ibid., p. 254.

Jung's view, which he further elaborated in another paper presented the following year, entitled Schizophrenia,¹⁴⁸ was essentially that stress triggered the release of a toxin, which he described as "a kind of mistaken biological defence-reaction".¹⁴⁹ When this happened the toxin could act in a way similar to hallucinogenic drugs like mescaline and, by penetrating a biological storage area in the brain, unlock the person's instincts and flood the conscious mind with archetypal images.

Jung's final theory is comprehensive, to say the least. It bridges both the medical and mystical models, and within the medical model it bridges the two main branches of biological and environmental explanations. It says that in the first instance the symptoms of stress are caused by environmental/experiential pressures and that when these are not addressed a toxin is released which switches the condition into a biological mode.

But it goes on to recognise a pattern of mythical archetypes in the phenomenological content of schizophrenic experience, whereas the medical model generally prefers to see them as random delusions and hallucinations produced by a malfunctioning brain. This recognition of mythological material might have placed Jung's theory within the mystical model except that he argues these archetypes are actually the raw material of instincts which, in normal circumstances, are locked away from conscious access in an unconscious biological storage area of the brain.

Although Jung's recognition of the mythical validity of schizophrenic images places him within the mystical model, the belief that they are accessed through the agency of a toxic brain chemical, rather than by transcendence of self-identity through mystical practice (or perhaps spontaneous collapse of self identity in the case of schizophrenics), simultaneously places Jung far outside the mystical model. Jung's is a kind of theory of everything in regard to schizophrenia and is a composite model. As a result Jungians are to be found practising therapies based on assumptions drawn from both the medical and the mystical models. One interesting Jungian theorist, who clearly practised within the mystical model, was John Weir Perry.

John Weir Perry — a Jungian

Perry trained at the C. G. Jung Institute in Zurich and, in the early 1970s, he was engaged in a US National Institute of Mental Health-sponsored programme looking at innovative methods of handling schizophrenia. Under this programme Perry established a treatment centre in San Francisco called Diabasis at which he had the opportunity to test his theories.

¹⁴⁸ C. G. Jung, 'Schizophrenia', in Jung, *op.cit.*, pp. 256-271.

¹⁴⁹ *Ibid.*, p. 271.

In a 1974 book entitled The Far Side of Madness¹⁵⁰ Perry gave an unequivocal account of schizophrenia as a mystical experience. In the Introduction he criticised conventional psychiatric approaches for their “interdiction against listening to the ‘patients’ nonrational concerns”.¹⁵¹ Perry recounts how a relative with personal experience of psychosis had told him early in his career that the most essential requirement of somebody experiencing schizophrenic symptoms was to have another person listen to a description of the internal experience. Perry appears to have listened to his patients much more closely than other psychiatrists and as a result he has found consistent patterns of mythological material in the symptoms.

But he hints at also having had the advantage of some first-hand experience of his own. He recounts some details of a conversation with a patient in which the woman described her descent into madness as being “a little like dying”. Perry recounts how he:

leapt at this statement to assure her that dying was just the point, that it is what has to happen when there is an urgent need for change. She responded, “Have you been through all this yourself? I’ve never met anyone as wise as you about these things.” I answered her question. I said, Yes, in a fashion I’d been through this, too; but my way was not in the involuntary experience of being overwhelmed by it as she was, but in intentionally dipping down into this same inner life to explore it; the inner experiences in that process were much the same, though.¹⁵²

It is not clear from that statement whether Perry is saying that he had once induced a significant mystical experience or whether, perhaps, he had experimented with LSD. But certainly it seems evident he believed that the symptoms of schizophrenia can be experienced voluntarily and that in these circumstances they can be beneficial to the person who experiences them.

Perry’s fundamental belief is that the human condition requires people to simultaneously live in two different dimensions. One is the familiar territory of the ego which deals in the mundane affairs of everyday life. The other is a reservoir containing “the great basic metaphors of the human experience” through which a person’s emotions can engage with worldly matters that are not yet fully conscious.¹⁵³

The latter is the mind into which one plummets when seized with madness. As Plato told us, it might be the divine frenzy of the seer or the revelation of the founder of religious forms, the inspiration of the artist or possession by a great love. And it might be a “schizophrenic” episode.¹⁵⁴

¹⁵⁰ Perry, op.cit.

¹⁵¹ Ibid., p. 2.

¹⁵² Ibid., p. 19.

¹⁵³ Ibid., p. 8.

¹⁵⁴ Ibid.

Perry theorised that schizophrenia manifests as a combination of the unconscious activating and the ego collapsing. This assessment fits closely with mystical practice in which the mystical aspirant deliberately activates the unconscious through techniques like word repetition and visualisations, while denying expression to the self-identity through ascetic practices like seclusion, celibacy and fasting.

The Far Side of Madness documents Perry's findings after analysing in depth the psychic experiences of twelve patients over a twelve year period between 1949-1961. The book identifies consistent patterns of myth, ritual, messianism and mysticism in the schizophrenic experiences of his patients. According to Perry the origins of these patterns are to be found in the kingship rituals of ancient Mesopotamia: "the ceremonial death and renewal of the year and of the sacral king and his kingdom, out of which other religious forms have differentiated and evolved in the centuries since".¹⁵⁵

The essence of Perry's theory is that civilisation, which began in ancient Mesopotamia, required the invention of specific rituals and myths in order to give collective guidance and continuity to the project. These rituals and myths became buried in the collective unconscious of the original city-dwellers. After the project was successfully launched in Mesopotamia the people of other civilisations, learning from the Mesopotamian model, absorbed in some osmotic manner, along with the urban way of life, the original Mesopotamian collective unconscious.

These rituals and myths now lie buried in the collective unconscious of all modern people where they act as a common denominator to give coherence to social organisation based around life in cities. When the individual ego of a person collapses, often through not being properly integrated into civic society, these archetypal myths and rituals flood into consciousness in an attempt to reinform the person. When this process is successful the effect is to reinvent the person's individual ego so that it can find a role that is better adjusted to the requirements of civic society.

The centrepiece of Perry's book is a table which he drew up to demonstrate the consistency of his twelve patients' inner experiences. This consistency indicates a pattern of conformity with one another as well as a uniformity of inspiration from the supposed Mesopotamian origins of the material.

¹⁵⁵ Ibid., p. 10.

	1	2	3	4	5	6	7	8	9	10	11	12
Self-Images	*	*	*	*	*	*	*	*	*	*	*	*
Drama or Ritual	—	—	*	*	*	*	—	—	*	*	*	*
Center	*	*	*	*	*	*	*	—	—	*	—	*
Death	*	*	*	*	*	*	*	*	*	*	*	*
Return to Beginning	*	*	*	*	*	*	*	*	—	*	*	*
Cosmic Conflict	*	*	*	*	*	*	*	*	*	*	*	*
Threat of Opposite	*	*	*	*	*	*	*	*	*	*	*	*
Apotheosis	*	*	*	*	*	*	*	*	*	*	*	*
Sacred Marriage	*	*	*	*	*	*	*	*	—	*	*	*
New Birth	*	*	*	*	*	*	*	*	*	*	*	*
New Society	*	*	*	*	*	*	*	*	*	*	—	*
Quadrated World	*	*	*	*	*	*	*	—	—	*	—	*

Adapted from: John Weir Perry, *The Far Side of Madness*, Prentice-Hall, Englewood Cliffs, New Jersey, 1974, p. 32.

Perry explains that the first commonality refers to the quality of a person's **Self-image** while the second indicates a perception by the schizophrenic person of a requirement to take part in some kind of **Drama or Ritual**. **World Center** relates to a belief that a certain location is the centre of the world or some kind of cosmic axis. **Death** is concerned with a perception of having died and of now existing in an after life. **Return to Beginning** is a regression back to evolutionary beginnings as well as the individual's own infancy. **Cosmic Conflict** involves taking part in a struggle between cosmic opposites variously represented by the forces of good and evil, light and darkness etc. **Threat of Opposite** is a perception that the opposite sex is somehow going to overwhelm the person. **Apotheosis** involves a belief in being transformed into a deity, royalty, hero, saint or messiah. **Sacred Marriage** is the psychic experience of marriage to a God or a Goddess, or a mythological, ritual or religious figure of significance. **New Birth** concerns the rebirth of the individual or the promised birth of a world redeemer. **New Society** is the vision of a new social order — the New Age, New Jerusalem, a Utopia. **Quadrated World** is “a fourfold structure of the world or cosmos, usually represented in the form of a quadrated circle (four continents or quarters; four political factions, governments, or nations; four races or religions; four persons of the godhead; four elements or states of being)”.¹⁵⁶

A lot of Perry's book is concerned with explaining the relationships between these common schizophrenic experiences and the mythology of ancient Mesopotamia. A curious aspect that should be noted, considering Perry's suggestion that he has had his own personal experience of mysticism, is the repetition of the number twelve in his analysis. He says that he conducted an in-depth study on twelve patients between 1949-1961 (twelve years), and his table reveals he uncovered twelve common symptoms amongst these patients.

¹⁵⁶ *Ibid.*, pp. 29-30.

Numerical patterns, and the quest for numerical patterns, are common themes of mystical experience. A prime example of this tendency can be found in Plato's The Republic in the form of what academic analysts call the *nuptial number*.¹⁵⁷ (Plato's number mysticism here is concerned with observing cycles of time so as to ensure the maintenance of an ideal society). Although he does not discuss the nuptial number Perry makes a number of references to Plato throughout his book, sometimes quoting him at length. It would seem fair to assume that Perry was aware during the period of his research of the frequent appearance of numerical patterns in mystically oriented writing. It is therefore perhaps significant that he does not mention having observed this tendency in his patients.

There are at least two points to consider here. One is the question of whether Perry's failure to observe numerical obsessions in schizophrenic patients indicates any differential between schizophrenic symptoms and mystical experience. To properly answer this question would require specialised research far beyond the scope of this thesis and the issue has only arisen because of the presence of the more relevant second question.

The second question concerns the nature of psychiatric researchers of the mystical model and whether the pattern of twelves in Perry's research is any more than coincidence. If it were found to be deliberate, and the pattern of twelves turned out to be the result of a mystical insight of Perry's, then this might cast Perry in an interesting light as a psychiatric researcher. Most number mysticism is concerned with a search for patterns of time and usually involves, either directly or indirectly, the transmission of secret, sacred or ritualistic calendars. The number twelve often figures prominently in these affairs since it is usually a part of the basic formula for harmonising lunar and solar cycles, there being twelve and a fraction lunations in a solar year. But if Perry was indeed making a mystical point of his own any further clues he might have left are difficult to find. (Except, perhaps, that the book is written in twelve chapters.)

In a more recent interview¹⁵⁸ Perry made clear his approach to the treatment of schizophrenia. He said that he agreed with Jung's belief that schizophrenia is not really amenable to psychiatric control, (although Jung clearly believed it could be treated with psychotherapy), and that for therapeutic purposes the best interpretation of the condition is that it is itself a spontaneous healing process. In his opinion the term sickness could only be applied to the pre-psychotic personality, which can be seen as standing in need of reorganisation.

¹⁵⁷ Plato, op.cit., p. 360.

¹⁵⁸ John Weir Perry, interview with Michael O'Callaghan, reproduced in Global Vision, 1992-1995, accessed 14 September 1997, Available URL, <http://www.ige.apc.org/glencree/dreamch2.html>

The way “schizophrenia” unfolds is that, in a situation of personal crisis, all the psyche’s energy is sucked back out of the personal conscious area, into what we call the archetypal area. Mythic contents thus emerge from the deepest level of the psyche, in order to re-organise the Self. In so doing, the person feels himself withdrawing from the ordinary surroundings, and becomes quite isolated in this dream state. The whole schizophrenic turmoil is really a self-organising, healing experience. It's like a molten state. Everything seems to be made of free energy, an inner free play of imagery through which the alienated psyche spontaneously re-organises itself - in such a way that the conscious ego is brought back into communication with the unconscious again.¹⁵⁹

Perry claimed that, in the absence of psychiatric intervention, the acute phase of the schizophrenic experience normally only lasted six weeks. He argued this was confirmed by the biblical tradition of forty days in the wilderness. He said that in his experience this pattern was so universal that he had formed the opinion that chronic schizophrenia, in which a person has recurring crises over a lifetime, was socially constructed by intolerance encountered during the first acute phase.¹⁶⁰

The great surprise to Perry was to discover that people experiencing these symptoms were largely more concerned about cultural and social issues than with their own personal affairs. He says that his Freudian training in medical school had not prepared him for this and that when Jung had informed him about it he had at first been sceptical. But after he observed the phenomenon for himself he says it became the primary reason for developing his alternative methods of handling people in acute crisis:

Our new understanding shows that the process of re-connection to the unconscious, which these millions of people go through in a way that's usually so very hazardous, isolated and uncreative, is nonetheless made up of the same stuff as seers, visionaries, cultural reformers and prophets go through.¹⁶¹

When traditional societies are overtaken by a crisis of confidence in their established cultural patterns, according to Perry, they are likely to produce messiahs, seers and prophets who have caught a glimpse of a new myth-form and who endeavour to transmit it to the people at large. If the new myth-form is successful it will give new direction and purpose to the society.¹⁶² Most modern societies are constantly changing and are therefore in constant crisis, at least in mythological terms.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

To Perry people in modern societies who manifest schizophrenic symptoms are struggling to fulfil the same function as the seers in traditional societies. As evidence he cites the observation that the specific nature of the opposing forces of good and evil, and the messianic function perceived by schizophrenic individuals, has been changing from one decade to another in accordance with the shifting cultural crisis of modern America. In the 1950s, for instance, the primary schizophrenic concern was with the preservation of democracy in the face of a challenge from communism. In the 1960s it was the preservation of peace against the constant threat of an enlargement of war. By the 1970s the focus had shifted dramatically to a concern about environmental issues and the need to defend the global ecology against destructive forces.¹⁶³

The therapeutic approach practised by Perry at Diabasis was to give emotional support while encouraging the person to plumb the depths of the experience. This is basically the opposite of the conventional psychiatric approach which seeks to abort the experience, usually by the application of drug treatment, as soon as possible. Perry says that in the fully supportive environment of Diabasis it was not uncommon for a person to emerge from the schizophrenic crisis prematurely. When this happened, he says, it was necessary to actually encourage the person to re-enter psychosis so as to complete the process.¹⁶⁴ In regard to the success of his method, and indeed of the healing properties of schizophrenia itself, Perry claimed of his former patients that “the outcome of their stay at Diabasis was that their life after the episode was substantially more satisfying and fulfilling to them than it had been before!”¹⁶⁵

Perry claimed that Jung had shared his belief that “schizophrenia is a self-healing process”.¹⁶⁶ However Jung did not argue this in his writings on schizophrenia and his hypothesis of a toxic brain chemical as being the initiator of schizophrenic symptoms suggests that he might have had a very different view. Why would Jung call the initiator a toxin if he believed that schizophrenia was a healing process and that the outcome could be beneficial? The incompatibility of Jung’s negative attitude towards schizophrenia, implied by his belief that it was initiated by a ‘toxin’, and Perry’s positive attitude indicated by his description of the condition as a ‘self-healing’ process, is perhaps a useful indicator of flexibility amongst psychiatric theorists and the easy manner with which they can adopt fragments of each others’ theories and adapt their own to changing requirements.

Mythological Heroes and Schizophrenia

It is not only psychiatrists who demonstrate flexibility by adapting their frames of reference to accommodate aspects of schizophrenia. Joseph Campbell, who has written extensively on the subject of mythology, has recounted how he was asked to give a series of lectures on schizophrenia

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

at the Esalen Institute in 1968.¹⁶⁷ When he told the organiser that he knew nothing about schizophrenia he was put in contact with Perry in order to learn. Perry sent him a paper he had published in 1962 and upon reading it Campbell said he discovered “that the imagery of schizophrenic fantasy perfectly matches that of the mythological hero journey, which I had outlined and elucidated, back in 1949 in the *Hero with a Thousand Faces*”.^{168 169}

Campbell was then engaged in a vast mythological project involving cross-cultural comparative studies of mythologies on a human-wide scale.¹⁷⁰ He had paid no attention in researching this project to specific problems of psychopathology or personalised mystical visions and was mainly concerned with analysing ideas he found to be common to all mythologies:

According to my thinking, they were the universal, archetypal, psychologically based symbolic themes and motifs of all traditional mythologies; and now from this paper of Dr. Perry I was learning that the same symbolic figures arise spontaneously from the broken-off, tortured state of mind of modern individuals suffering from a complete schizophrenic breakdown.¹⁷¹

The usual pattern of the mythological hero journey uncovered by Campbell in his own research involved three stages: separation, initiation and return. An individual separates from the established social order and goes on a long inward and backward journey, deep into the psyche, and is confronted there by chaotic and terrifying forces. If the person is fortunate a centre of harmony is found, and new courage discovered, before a return journey of new birth is completed:

A hero ventures forth from the world of common day into a region of supernatural wonder; fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow men.¹⁷²

Campbell drew an analogy between schizophrenia and the mythological mystical journey which he had been researching by comparing the fortunes of two divers — one who can swim, and one who cannot: “The mystic, endowed by native talents for this sort of thing and following, stage by stage, the instructions of a master, enters the waters and finds he can swim; whereas the schizophrenic, unprepared, unguided, and ungifted, has fallen or has intentionally plunged, and is drowning.”¹⁷³

¹⁶⁷ Campbell, *op.cit.*, p. 201.

¹⁶⁸ *Ibid.*, p. 202.

¹⁶⁹ Joseph Campbell, *The Hero With a Thousand Faces*, Princeton University Press, Princeton N.J., 1968.

¹⁷⁰ Joseph Campbell, *The Masks of God*, (4 volumes), Souvenir Press, London, 1973-1974.

¹⁷¹ Campbell, ‘Schizophrenia — the Inward Journey’, *op.cit.*, p. 202.

¹⁷² *Ibid.*, pp. 202-203.

¹⁷³ *Ibid.*, p. 209.

It is not uncommon for psychiatric researchers within the mystical model to position their hypotheses in the context of evolutionary theories of one kind or another. As has been discussed above, Bucke had a theory about an evolutionary potential he called cosmic consciousness, which he apparently associated with the experiences of some of his patients. Perry also developed an evolutionary theory, of sorts. In a book entitled Roots of Renewal in Myth and Madness¹⁷⁴ Perry elaborated on the themes he had developed in his earlier works and articulated a theory about the evolution of the Semitic/Judeo/Christian religious ideas in which he found most of his patients to be drowning.

Perry argued that there is indeed an evolutionary process underway involving the faculties of consciousness of individual participants. His view is that this process was initiated by a breakthrough in the development of human consciousness which occurred with the establishment of the first city states in ancient Mesopotamia. The specialised social roles that were required of people to live in cities required new forms of social organisation that fundamentally altered the way in which individual people related to one another and also the way they related to life in general. Life in cities required clearly defined structures of social authority, hierarchies of power, which in turn led to individual identity being largely vested in the position on the social hierarchy allotted to the individual concerned.

The collective and individual focus on status at first removed ordinary people from the possibility of finding a solution to the problem of personal mortality. All power was at first transferred upwards to the King and, in the initial centuries of these early city-states, the King was thought to be the only person capable of fulfilling the evolutionary potential by transcending the problem of death. The King was so powerful he was given divine status so that he could achieve this goal.

However, as time progressed the evolutionary potential slowly percolated down through the layers of class, eventually passing through the aristocracy and down to the mass of people, in what Perry refers to as a “democratisation work of messianic visions”.¹⁷⁵ Whereas the image containing the evolutionary message had at first been confined to the personification of a divine King, remote and aloof from ordinary people, the concept of a messiah, which eventually evolved as the symbol of transcendence, was a model for everyman to emulate.

Perry’s theory is that the course of acute schizophrenic imagery sequentially follows the developments of the Semitic/Judeo/Christian religious traditions. These developments have been laid down, layer upon layer, in the collective unconscious so that the schizophrenic individual, who is working through this storehouse, encounters them in the order in which they were filed:

¹⁷⁴ John Weir Perry, Roots of Renewal in Myth and Madness: The Meaning of Psychotic Episodes, Jossey-Bass, San Francisco, 1976.

¹⁷⁵ Ibid., p. 195.

It is my thesis that the visionary states we call psychosis recapitulate this entire history, as another instance of ontogeny repeating phylogeny. The renewal process attempts to evolve a new level of consciousness in the individual, and to accomplish this, induces an identification first with the mythology of sacral kingship, then with that of messianic democratisation, and finally reaches a vision of the potential spiritual consciousness for life in the world society of today.¹⁷⁶

If both mystics and schizophrenics are indeed immersed in the same stuff — i.e. an evolutionary quest to expand consciousness — then the difference between them could be simply explained by an expectation that there is a high failure rate in such an endeavour — a many-are-called-but-few-are-chosen scenario. Both of them, mystics and schizophrenics alike, regardless of the route by which they have approached the task, and whether it was voluntary or not, have become involved in an attempt to expand their consciousness by allowing the archetypes of the collective unconscious to flush through their individual conscious minds. Those we call mystics succeed, and are no longer subject to instinctual compulsions from this area of consciousness. Those we call schizophrenics, on the other hand, fail to complete the task and, as a result, fall into confusion.

Summary of the Mystical Model

The description of the mystical model given in this chapter has been limited to analyses of the works of only a few psychiatric researchers who have thought most deeply on the matter, and who have been most influential. The reason is to be able to make a coherent summary of this model. The boom in New Ageism in recent years has to some extent blurred the meaning of mysticism and I have wanted to avoid a lengthy discussion on what is, and what is not, a mystical approach to schizophrenia. The theories that have been discussed above are all easily recognisable as falling well within the boundaries of a mystical model for schizophrenia.

Putting together a coherent synthesis of the mystical model from these sources is not a difficult task. It begins with the existential proposition that the consciousness of self presents all individual humans with a paradox. This paradox concerns the self's knowledge that because personal extinction is a foreseeable inevitability, and is unavoidable, the fear of it is therefore irrational. Yet despite the knowledge of this irrationality, the fear of death remains the foundation stone in the architecture of self identity. The existential dilemma that confronts people who grow into an awareness of this problem concerns the difficulty in finding a purposeful form of self-expression in these circumstances.

The mystical quest is an attempt to break the nexus between self-consciousness and reality by transcending the self and uncovering a separate reality that is connected to a higher, deeper or

¹⁷⁶ Ibid.

expanded level, of consciousness. This improved level of consciousness is a potential that is latent in all people and involves the replacement of the self's emotional dichotomy of fear-of-death/desire-for-life with a love/courage polarity focussed on transpersonal objectives. Mystical traditions, some of which have been in existence for more than two thousand years, teach their adherents a variety of techniques which are designed to induce this transition.

Some psychiatrists researching in this area have argued that the transition of consciousness facilitated by the mystical experience can be best understood in the context of an evolutionary step. Some of them have also observed that the symptoms of schizophrenia are quite evidently the same kind of mental phenomena reported by people who have undergone mystical experiences. This leads to a conclusion that is somewhat difficult for modern people to assimilate: i.e. that individuals who are diagnosed with schizophrenia are actually engaged in an evolutionary bid involving a metamorphosis of consciousness.

According to the Jungian branch of theorists, the area into which consciousness can expand is normally occupied by an inherited assembly of symbolic representations of the evolutionary potential. These symbolic representations, or archetypes, are normally in an unconscious state but they have a force of attraction for the conscious self identity. This force of attraction is a form of instinct — an instinct to participate in the evolutionary process — and it is so strong that some people (mystics) deliberately embark on a mission of union with the archetypes by intentionally collapsing their self-identity and thereby flooding their conscious mind with the archetypal imagery. This experience apparently gives rise to an opportunity for the conscious mind to occupy this hitherto unconscious/instinctual space and apply rational thought to the themes of consciousness that lie dormant there.

However, there are other people (schizophrenics), who are perhaps the vast majority of those with first-hand experience of this phenomena, whose conscious minds succumb to the attraction of the archetypes involuntarily. These involuntary mystics are often overwhelmed with confusion by the experience of archetypes flooding through their conscious minds. When this happens they are likely to attract the attention of psychiatric practitioners who diagnose their condition as schizophrenia.

A serious concern in regard to this situation is whether psychiatrists are being over-zealous when they use drugs to forcibly abort all mystical experience they encounter. It is quite possible that many of their involuntary patients are people who have the psychological skills to survive the mystical experience. Indeed, Perry is insistent that people with acute schizophrenic symptoms can re-emerge from psychosis after six weeks, without drug intervention, if they have the right kind of supportive attention: "The persons who are frightened, overwhelmed with imagery, and engrossed in their preoccupations are the ones most likely to have a favourable inner experience, from which they

emerge with significant change."¹⁷⁷ But he makes it clear that all people who enter the mystic waters are not equally good swimmers: "I am not suggesting that all persons in the 'psychotic' form of visionary state should be considered prophets, but rather that the program of the visionary experience and its imagery is the same in well-known 'prophets' as in our little-known 'patients' ".¹⁷⁸

Perry is of the opinion that all mystical experience can be brought to a successful outcome with benefits not only for the individual concerned but also for the society at large. But he warns that these benefits might be endangered by current psychaitric practices: "If this way of viewing psychic turmoils is on target, then there is a grave danger in psychiatry's zeal to suppress them, and instead there is an urgent need to safeguard visionary experience for the benefit of the culture".¹⁷⁹

¹⁷⁷ John Weir Perry, Trials of the Visionary Mind: Spiritual Emergency and the Renewal Process, State University of New York Press, Albany, 1999, p. 14.

¹⁷⁸ Ibid., pp. 58-59.

¹⁷⁹ Ibid., p. 139